MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029153

STATE FILE NUMBER

Registration District No. 495 Primary Registration District No. 5706 Registrar's No. 37-63

DO NOT WRITE ON THIS STUB — AMENDED

FILED JUL 16 1963

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF: | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Anderson
Length of stay in 1b: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route 1
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: McDonald
c. CITY OR TOWN: Anderson
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Pauline Middle: A. Last: Shinn

4. DATE OF DEATH: Month: July Day: 8 Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-7-1898

9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Homemaking

11. BIRTHPLACE (City and state or country): Carthage, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Ray Shinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of [illegible] NO.

17. INFORMANT: Ray Shinn Address: Route 1 Anderson, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hodgkin's disease
DUE TO (c): Emaciation

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY: (e.g., in or about home; farm, factory, street; office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/8/63 to 7/8/63 and last saw her him alive on 7/8/63
Death occurred at 3:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. K. Lees (Degree or title) M.D.

22b. ADDRESS: Purdin Mo

22c. DATE SIGNED: 7/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 10, 1963

23c. NAME OF CEMETERY OR CREMATORY: New Bethal

23d. LOCATION (City, Town, or county) (State): Anderson Missouri

24a. FUNERAL DIRECTOR: Keller Funeral Home ADDRESS: Anderson Mo

25. DATE RECD. BY LOCAL REG.: 7-9-63

26. REGISTRAR'S SIGNATURE: Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

Burial Permit issued 7-9-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert C. Rollins

Licensed Embalmer No. 5062

7/8/63 P. O. Address Auburn Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.